04-10-01
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PTO/SB/05 (11-00)

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Please type a plus sign (+) inside this box

A063 US Attorney Docket No. Browning First Inventor Reversal of Viral Induced Systemic Shock and

EI 475127510IIS

(Only for new nonprovision	nal applications under 37 CFR 1.53(b	)) E	xpress Mail Label No.	EL	+/312	./31903	
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application				
See MPEP chapter 600 con	cerning utility patent application conte	nts.		Washington,			
1. LA (Submit an original and a	form (e.g., PTO/SB/17) duplicate for fee processing) small entity status.		7. CD-ROM or CD-Computer Progr	am ( <i>Appendi</i> :	x)		
2. See 37 CFR 1.27			8. Nucleotide and/or Amin (if applicable, all neces	io Acid Seque <i>sary</i> )	ence S	ubmission	
3. Specification (preferred arrangement			a. Computer Rea	dable Form (	•		
<ul> <li>Descriptive title</li> <li>Cross Reference</li> </ul>	to Related Applications		b. Specification Seque	ŭ			
- Statement Reg	arding Fed sponsored R & D		i. ∐ CD-RO	M or CD-R (2	2 copie	s); or	
	equence listing, a table, program listing appendix		ii. D paper				
- Background of	the Invention		c. Statements ve	rifying identity	y of ab	ove copies	
- Brief Summary - Brief Descriptio	of the Invention on of the Drawings (if filed)		ACCOMPANYIN	G APPLIC	ATIC	ON PARTS	
<ul> <li>Detailed Descri</li> </ul>			9. Assignment Pa	pers (cover s	heet &	document(s))	
<ul><li>Claim(s)</li><li>Abstract of the</li></ul>	Disclosure	_	10. 37 CFR 3.73(b) (when there is			Power of Attorney	
4. <b>X</b> Drawing(s) (35 U	I.S.C. 113) [ Total Sheets 7	] ]	11. English Transla	ation Docume	ent <i>(if a</i>	pplicable)	
5. Oath or Declaration	[ Total Pages	] ]	12. Information Dis			Copies of IDS Citations	
	uted (original or copy)		13. Preliminary Am	nendment			
b. Copy from a for continua	prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)	)	14. Return Receipt (Should be spe	t Postcard (M cifically itemi	IPEP 5 zed)	603)	
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)			nt(s)				
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR			16 Request and Certification under 35 U.S.C. 122				
1 63(d)(2) and 1.33(b)   10. (b)(2)(B)(i). Applicant must attach form PTO/SB/3			form PTO/SB/35				
or its equivalent Unexecuted Declaration and Other: Power of ATTRIBUTE Of the POWER			n and				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,				/			
or in an Application Data She	eet under 37 CFR 1.76:	.,,	·	•		Í	
Continuation Divisional Continuation-in-part (CIP) of prior application No. PCT/US99/23477							
Prior application information: Examiner Group Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under							
Box 5b, is considered a part of	f the disclosure of the accompanying co	ntinuatio	n or divisional application ar	nd is hereby in	corpor		
The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS							
	10. COTALOR						
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Name	Niki D. Cox						
	BIOGEN, INC.						
Address	14 Cambridge Center						
City	Cambridge	St	ate MA	Zip C	ode	02143	
Country	USA	Teleph	one (617) 679-207	79 Fa	x	(617) 679-2838	
Name (Print/Type)	Niki D. Cox		Registration No. (Attor	ney/Agent)		42,446	
Signature	William Co	~/		Data	Class	19 2001	

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FFF TDAN	CAMITTAI	Complete if Known			
FEE TRAN	SIVILLIAL	Application Number			
for FY	2004	Filing Date			
101 F 1	<b>2</b> 00 i	First Named Inventor	Browning		
Patent fees are subject t	o annual revision.	Examiner Name			
•		Group Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 710	Attorney Docket No.	A063 US		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to	3. ADDITIONAL FEES					
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Deposit		Surcharge - late filing fee or oath				
Account Name BIOGEN, INC.		Surcharge - late provisional filing fee or over sheet				
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	9 130 139 130 N	lon-English specification				
Applicant claims small entity status.	7 2,520 147 2,520 F	or filing a request for <i>ex parte</i> reexamination				
See 37 CFR 1.27		Requesting publication of SIR prior to Examiner action				
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FEE CALCULATION	5 110 215 55 E	Extension for reply within first month				
1. BASIC FILING FEE	6 390 216 195 E	extension for reply within second month				
Large Entity Small Entity	7 890 217 445 E	xtension for reply within third month				
Fee Fee Fee Fee Description	8 1,390 218 695 E	extension for reply within fourth month				
404 740 004 055 (P)	8 1,890 228 945 E	extension for reply within fifth month				
101 710 201 355 Utility filing fee 710	9 310 219 155 N	Notice of Appeal				
107 490 207 245 Plant filing fee	0 310 220 155 Fi	iling a brief in support of an appeal				
108 710 208 355 Reissue filing fee	1 270 221 135 R	Request for oral hearing				
114 150 214 75 Provisional filing fee	8 1,510 138 1,510 P	Petition to institute a public use proceeding				
· · · · · · · · · · · · · · · · · · ·	0 110 240 55 P	Petition to revive - unavoidable				
SUBTOTAL (1) (\$) 710	1 1,240 241 620 P	Petition to revive - unintentional				
2. EXTRA CLAIM FEES Fee from	•	Utility issue fee (or reissue)				
Extra Claims below Fee Paid		Design issue fee				
Total Claims   8   -20** =		Plant issue fee				
Claims		Petitions to the Commissioner				
Multiple Dependent = 0		Petitions related to provisional applications				
Large Entity Carell Entity	26 240 126 240 S	Submission of Information Disclosure Stmt				
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		Recording each patent assignment per property (times number of properties)				
103 18 203 9 Claims in excess of 20		5 Filing a submission after final rejection (37 CFR § 1.129(a))				
102 80 202 40 Independent claims in excess of 3	I9 710 249 355 F	` ' '				
104 270 204 135 Multiple dependent claim, if not paid  109 80 209 40 ** Reissue independent claims						
over original patent		Request for Continued Examination (RCE)				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	C	Request for expedited examination of a design application				
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**or number previously paid, if greater; For Reissues, see above	duced by Basic Filing Fe	ee Paid SUBTOTAL (3) (\$)	0			
SUBMITTED BY Complete (if applicable)						
Name (PrintiType) Niki D. Cox	Registration No. (Attorney/Agent)	42,446 Telephone (617) 67	9-2079			
Signature Julii Cox		Date Amil 6	2001			

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Applicant(s): Browning,				A063 US	
Serial No. not assigned yet	Filing Date herewith	Examiner	Examiner		
Invention: Reversal of V	/iral-Induced Systemic Shock a	and Respiratory Distress by Block	ade of	the Lymphotovin Lto	
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